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**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CULTURAL RESOURCES**

Division of Arts, Division of Historical Resources,  
Division of Libraries, Film and Television Office  
Office of Curatorial Services  
*American Canadian French Cultural Exchange Commission,  
Administratively Attached*  
**Van McLeod, Commissioner**



March 26, 2013

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

*100% Conservation Plate Funds*

REQUESTED ACTION

The Department of Cultural Resources Division of Historical Resources respectfully requests permission, to award Conservation Number Plate Grant to Town of Weare (vendor #159974) in the amount of \$9,750.00 upon Governor and Council approval through November 30, 2014. Other Funds are available in 01-34-34-340010-6999-000-054-500527.

EXPLANATION

Pursuant to RSA 261:97-c Conservation Number Plate Funds are used to promote the use and conservation of cultural resources in New Hampshire and to preserve the cultural heritage that belongs to all New Hampshire citizens by providing for the preservation of publicly-owned historic properties.

The Clinton Grove Academy was built in 1873 as the home of the first Quaker Seminary in the State of New Hampshire and is now town-owned and considered a focal point in the Town's designated historic district with its bell tower and quill weathervane. The Town of Weare would like to use this community building and seeks funds through the Conservation License Plate Grant Program to help with the cost of re-roofing this important historic building. In recent years there has been significant leaking in the roof which one local resident has cleaned up after every rain event.

Respectfully submitted,

Van McLeod  
Commissioner

**New Hampshire Division of Historical Resources**

This agreement between the State of New Hampshire, Division of Historical Resources (hereinafter "DHR") and Town of Weare (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- 1. GRANT PERIOD: March 15, 2013 – November 30, 2014
- 2. OBLIGATION OF THE GRANTEE: The Grantee agrees to accept \$9,750. and apply it to the project(s) described in the grant application and approved budget referenced above. In the performance of this grant agreement the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.

**As required by the Conservation License Plate Grant Program and the DHR, Grantee agrees to prominently place a DHR provided grant information sign on site or within the community throughout the project funded by this grant, and to acknowledge support of the DHR and the Conservation License Plate Program on any materials promoting the project.**

The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant shall cease.

- 3. PAYMENT of 50% will be made following review by the NH Attorney General's Office and Governor and Council. Payment of the final 50% will be made upon receipt and approval of the final report documentation.
- 4. FINAL REPORT: The Grantee agrees to submit a narrative report of progress at the six month point in the grant period. The Grantee agrees to submit a final financial and project report in a format provided by the DHR, no more than 30 days after the end of the grant period.
- 5. SOVERIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

DIVISION HISTORICAL RESOURCES

Elizabeth Muzzey 3/25/13  
Elizabeth Muzzey, Director/SHPO Date

GRANTEE Town of Weare  
Name Thomas S. Clow, Chairman  
Address 15 Flanders Memorial Rd.  
Weare, NH 03281

Thomas S. Clow 2-14-13  
Authorized Signature Date

Approved as to form, substance and execution:

Rosemary Keit 4-1-13  
Office of Attorney General Date

STATE OF NEW HAMPSHIRE, COUNTY OF Hillsborough  
The foregoing statement was acknowledged before me  
this 14<sup>th</sup> day of February 20 13  
Naomi F. Bolton 99  
Signature of Notary Public Commission Expires



CERTIFICATE FOR MUNICIPALITIES

I (insert name) Maureen Billodeau, of (insert Municipality name), Weare, do hereby certify to the following assertions:

- 1. I am a duly elected and acting Clerk/Secretary for the Municipality documented above, which is in the State of New Hampshire
2. I maintain and have custody of, and am familiar with, the minute books of the Municipality:
3. I am duly authorized to issue certificates with respect to the contents of such books:
4. The following are true, accurate and complete copies of the resolutions adopted during an official meeting of the Municipality. Said meeting was held in accordance with the laws and by-laws of the State, upon the following date (insert meeting date) 2-14-13.

RESOLVED: That this municipality shall enter into a contract with the State of New Hampshire, acting by and through the Department of Cultural Resources providing for the performance by this Municipality of certain services as documented within the foregoing grant application, and that the official listed, (document the title of the official authorizing the grant, and document the name of the individual filling that position) Chairman Thomas Clow, on behalf of this Municipality, is authorized and directed to enter into the said grant agreement with the State of New Hampshire, and that they are to take any and all such actions that may be deemed necessary, desirable of appropriate in order to execute, seal, acknowledge and deliver any and all documents, agreements and other instruments on behalf of this Municipality in order to accomplish the same.

RESOLVED: That the signature of the above authorized party or parties of this Municipality, when affixed to any instrument of document described in, or contemplated by, these resolution, shall be conclusive evidence of the authority of said parties to bind this Municipality, thereby:

- 5. The foregoing resolutions have not been revoked, annulled, or amended in any manner what so ever, and remain in full force and effect as of the date hereof;
6. The following person or persons have been duly elected to, and now occupy, the Office or Offices indicated:

Municipality Mayor: - NONE -
Municipality Clerk: Maureen Billodeau
Municipality Treasurer: Janet Snyder

IN WITNESS WHEREOF: As the Clerk/Secretary of this municipality, I sign below upon this date (insert date of signing) 2-14-13

Clerk/Secretary (signature) [Signature]

In the State and County of: (State and County names) Hillsborough County, N.H.

NOTARY STATEMENT: As Notary Public and/or Justice of the Peace, REGISTERED IN THE STATE OF: New Hampshire, County of: Hillsborough

UPON THIS DATE (insert full date) 2-14-2013, appeared before me (print full name of notary)

Naomi L. Bolton, the undersigned officer personally appeared (Insert officers name) Maureen Billodeau who acknowledged him/herself to be (Insert the name of municipality) Town Clerk of Weare and that being authorized to do so, he/she executed the foregoing instrument for the purposes therein contained, by signing by him/herself in the name of the Municipality

In witness whereof I hereunto set my hand and official seal. (provide signature, seal and expiration of commission) Naomi L Bolton





## CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex<sup>3</sup>) is organized under the New Hampshire Revised Statutes Annotated, Chapter 5-B, Pooled Risk Management Programs. In accordance with those statutes, its Trust Agreement and bylaws, Primex<sup>3</sup> is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex<sup>3</sup> is entitled to the categories of coverage set forth below. In addition, Primex<sup>3</sup> may extend the same coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, amendments, rules, policies and procedures that are applicable to the members of Primex<sup>3</sup>, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex<sup>3</sup> Board of Trustees. The Additional Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and therefore shall reduce the Member's limit of liability as set forth by the Coverage Documents and Declarations. The limit shown may have been reduced by claims paid on behalf of the member. General Liability coverage is limited to Coverage A (Personal Injury Liability) and Coverage B (Property Damage Liability) only. Coverage's C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Made Coverage) are excluded from this provision of coverage.

The below named entity is a member in good standing of the New Hampshire Public Risk Management Exchange. The coverage provided may, however, be revised at any time by the actions of Primex<sup>3</sup>. As of the date this certificate is issued, the information set out below accurately reflects the categories of coverage established for the current coverage year.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the coverage categories listed below.

| <i>Participating Member:</i><br>Town Of Weare<br>15 Flanders Memorial Road<br>Weare, NH 03281  |                                | <i>Member Number:</i><br>321    | <i>Company Affording Coverage:</i><br>NH Public Risk Management Exchange - Primex <sup>3</sup><br>Bow Brook Place<br>46 Donovan Street<br>Concord, NH 03301-2624 |              |  |
|--|--------------------------------|---------------------------------|--|--------------|--|
| Type of Coverage   | Effective Date<br>(mm/dd/yyyy) | Expiration Date<br>(mm/dd/yyyy) | Limits - NH Statutory Limits May Apply, If Not:  |              |  |
| <input checked="" type="checkbox"/> <b>General Liability (Occurrence Form)</b><br><b>Professional Liability (describe)</b><br><input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence | 1/1/2013                       | 1/1/2014                        | Each Occurrence  | \$ 5,000,000 |  |
|  |                                |                                 | General Aggregate  | \$ 5,000,000 |  |
|  |                                |                                 | Fire Damage (Any one fire)   | \$           |  |
|  |                                |                                 | Med Exp (Any one person)   | \$           |  |
| <input type="checkbox"/> <b>Automobile Liability</b><br>Deductible    Comp and Coll: \$1,000<br><br><input type="checkbox"/> Any auto  |                                |                                 | Combined Single Limit<br>(Each Accident)   |              |  |
|  |                                |                                 | Aggregate  |              |  |
| <input checked="" type="checkbox"/> <b>Workers' Compensation &amp; Employers' Liability</b>  | 1/1/2013                       | 1/1/2014                        | <input checked="" type="checkbox"/> Statutory  |              |  |
|  |                                |                                 | Each Accident  | \$2,000,000  |  |
|  |                                |                                 | Disease – Each Employee  | \$2,000,000  |  |
|  |                                |                                 | Disease – Policy Limit   | \$           |  |
| <input type="checkbox"/> <b>Property (Special Risk includes Fire and Theft)</b>  |                                |                                 | Blanket Limit, Replacement Cost (unless otherwise stated)  |              |  |
| <b>Description:</b> Proof of Primex Member coverage only for Conservation Moose Plate Grant Program.   |                                |                                 |  |              |  |

|   |                                 |                   |   |
|---|---------------------------------|-------------------|---|
| <b>CERTIFICATE HOLDER:</b>  | <b>Additional Covered Party</b> | <b>Loss Payee</b> | <b>Primex<sup>3</sup> – NH Public Risk Management Exchange</b>  |
| NH Division of Historical Resources<br>19 Pillsbury St<br>Concord, NH 03301 |                                 |                   | <b>By:</b> <i>Tammy Denver</i>  |
|   |                                 |                   | <b>Date:</b> 3/6/2013    tdenver@nhprimex.org<br><br>Please direct inquires to:<br><b>Primex<sup>3</sup> Risk Management Services</b><br>603-225-2841 phone<br>603-228-3833 fax |